



REQUEST FOR EDUCATIONAL RECORDS

Parental consent to release of information

FEDERAL STATUTE ENTITLED: PRIVACY RIGHTS OF PARENTS/STUDENTS

Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity to challenge the content of the record.

Please send the educational records, including medical information, special education records, clinical findings, results of psychological examinations and other school data pertinent to the evaluation of and the educational planning for my child.

Student Name: _____ **Birth date:** _____

Entering Grade: _____ in Bloomfield Hills Schools. **Entry Date:** _____

Such information may be released or received by Bloomfield Hills Schools for the exclusive use of professional personnel in the educational planning for my child.

Parent or Guardian Signature (Student signature if 18 or over)

Date

*******MICHIGAN SCHOOLS*******

Please provide the ten digit state ID number (UIC) and return a copy of this document with records.

UIC

PARENTS

Please provide the name and address of your child's previous school.



Information to be released from:

Previous School

District Name: _____

Previous School Name: _____

Telephone: _____

Fax: _____

Information to be sent to:

Affix Label Here

Previous School was:

Public Private Parochial Charter